

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
5/11/2017

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No 1-1

☐ **Amendment** (Explain Below)

from 4/1/2017

through 5/10/2017

Date of election if applicable:
(Month, Day, Year)

5/17/2017

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
744844

COMMITTEE/FILER'S NAME

ENGINEERS AND ARCHITECTS ASSOCIATION CIVIC BETTERMENT ASSOCIATION

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES CA 90071

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

WILLIAM C VIOLANTE INTERIM DIRECTOR

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES CA 90071 2136206920

OPTIONAL: FAX/E-MAIL ADDRESS

valenti@eaaunion.org

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

GIL CEDILLO

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SOUGHT: CITY COUNCIL

CHECK ONE

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
5/10/2017	THE THE BAUGHMAN COMPANY SAN FRANCISCO, CA 94123	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS 8.5 X 11 POSTCARD MAIL PIECE	\$8,741.00	\$20,411.99

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Page 2 of 2

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NAME OF FILER

ENGINEERS AND ARCHITECTS ASSOCIATION CIVIC BETTERMENT ASSOCIATION

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.).....	\$8,741.00
2. Total independent expenditures under \$100 made this period. (Not itemized.).....	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)..... TOTAL	\$8,741.00

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

WILLIAM C. VIOLANTE, INTERIM EXECUTIVE DIRECTOR

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

LOS ANGELES CA 90071

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/11/2017
DATE

Executed on
DATE

Executed on
DATE

Executed on
DATE

By DIRECTOR DIRECTOR DIRECTOR DIRECTOR
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT